

## ENVIRONMENTAL PROTECTION AGENCY

## GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981.

AFFIX LABEL HERE

Please print/type with elite type (12 characters per inch)

## I. GENERATOR'S EPA I.D. NUMBER

T/A C

F M O D O 9 2 3 5 1 6 4 2 1  
1 2 13 14 15

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave Sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law (Section 3002 of the Resource Conservation Recovery Act).

## II. NAME OF INSTALLATION

G E O R G I A - P A C I F I C C O R P , N A T I O N A L C O V E R D I V  
30 69

## III. INSTALLATION MAILING ADDRESS

3 4 0 M E R C H A N T S T  
15 16 45

Street or P.O. Box

4 S T E . G E N E V I E V E M O 6 3 6 7 0  
15 16 41 42 47 51  
City or Town State Zip Code

## IV. LOCATION OF INSTALLATION (if different than section III above)

5  
15 16 45

Street or Route number

6  
15 16 41 42 47 51  
City or Town State Zip Code

## V. INSTALLATION CONTACT

M C K E R S I E , P H I L I P S .  
2  
15 16 45

Name (last and first)

3 1 4 - 8 8 3 - 3 5 2 1  
46 55

Phone No. (area code &amp; no.)

## VI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PHILIP S. MCKERSIE, RESIDENT MGR. Philip S. McKersie 1-7-83  
Print/Type Name Title Signature of Authorized Representative Date Signed



R00016243

RCRA Records Center



## ENVIRONMENTAL PROTECTION AGENCY

## Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## VII. GENERATOR'S EPA I.D. NO.

T/A C

GM010109123516421

1 2

13 14 15

## VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

\* SEE BELOW

## X. FACILITY ADDRESS

## IX. FACILITY'S EPA I.D. NO.

F

16

28

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

## XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
32	1	RAGS SOILED BY PRINTING INKS	02	U002 U031 U112 U117 F002 F003 F004 F005	3600	P
	2		09	U159 U239 U220 F001		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XIII. COMMENTS (enter information by section number—see instructions)

ALL WASTE GENERATED WAS STORED ON PREMISES AND NOT SHIPPED TO ANOTHER SITE.

Do not make entries in shaded area

ENVIRONMENTAL PROTECTION AGENCY

# Facility Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

## VIII. FACILITY'S EPA I.D. NO.

T/A C

F M O D O 9 2 3 5 1 6 4 2 1  
1 2 13 14 15

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

## IX. GENERATOR'S EPA I.D. NO.

G  
16 28

X. GENERATOR NAME (specify generator from whom all wastes on this page were received)

## XI. GENERATOR ADDRESS

## XII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	1 RAGS SOILED BY PRINT INK	U002 U031 33 36 37 40 U112 U117 41 44 45 48 49 51 52	SO1	3600	P
	2	" " " " "	U159 U239 U220 F001 F002 F003 F004 F005			
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XIII. COMMENTS (enter information by section number—see instructions)

XII - D WEIGHT INCLUDES BOTH THE WEIGHT OF THE RAGS AND THE WEIGHT OF THE PRINTING INKS.



## ENVIRONMENTAL PROTECTION AGENCY

## FACILITY ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981.

AFFIX LABEL HERE

Please print/type with elite type (12 characters per inch)

## I. FACILITY EPA I.D. NUMBER

T/A C

F M O D O 9 2 3 5 1 6 4 2 1  
1 2 13 14 15

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave Sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law (Section 3004 of the Resource Conservation Recovery Act).

## II. NAME OF FACILITY

G E O R G I A - P A C I F I C C O R P , N A T I O N A L C O V E R D I V  
30 69

## III. FACILITY MAILING ADDRESS

3 4 0 M E R C H A N T S T .  
15 16 45

Street or P.O. Box

4 S T E . G E N E V I E V E M O 6 3 6 7 0  
15 16 41 42 47 51

City or Town

State Zip Code

## IV. LOCATION OF FACILITY (if different than section III above)

5  
15 16 45

Street or Route number

6  
15 16 41 42 47 51

City or Town

State Zip Code

## V. FACILITY CONTACT

2 M C K E R S I E , P H I L I P S .  
15 16 45

Name (last and first)

3 1 4 - 8 8 3 - 3 5 2 1  
46 55

Phone No. (area code &amp; no.)

## VI. COST ESTIMATES FOR FACILITIES

\$ 16 19 3 22 000  
Cost Estimate for Facility Closure\$ 25 28 31  
Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

## VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PHILIP S. MCKERSIE, RESIDENT MGR. Philip S. McKersie 1-7-83  
Print/Type Name Title Signature of Authorized Representative Date Signed